

Instructions - Criminal Record Check Forms

1. Complete all the required information on one form for each individual currently employed to whom the law applies. **If identifying information is not provided, processing of the form will be delayed or the form may be returned to the requesting facility/agency.**

DO NOT INCLUDE ANYONE WHO:

- (a) volunteers,
- (b) is "... currently licensed or registered by an agency of this state to provide professional services ... and who provides such services as part of the work which such person performs,"
- (c) has been employed by the same adult care home or home health agency for five consecutive years immediately prior to the effective date of this act (July 1, 1997), or
- (d) has been checked within one year prior to application for employment. (Note: determination must be made by the operator.)

2. Collect all names, current and past, the individual has ever used. Spell the names as indicated by the individual.

If utilizing the pre-paid forms, please keep the yellow copy for your records

3. If not utilizing the pre-paid forms, a cashier's check, money order or corporate check payable to the Kansas Department of Health and Environment for \$10.00 multiplied by the total number of individuals for whom a criminal record check is requested must be submitted. **Failure to submit the correct fee will result in delayed processing, and possibly the return of all documents.**

4. Mail or deliver all cumulated forms to:

Health Occupations Credentialing
Criminal Record Check Unit
1000 SW Jackson
Suite 200
Topeka, KS 66612-1315

Checklist-please mark and return with mailing.

I am submitting names of individual employees or applicants who are affected by the laws, and I have:

____ read all the materials provided

____ completed all boxes on each form submitted,

____ collected all names the person has ever used, using his or her spelling,

____ noted if additional names are on the back of any form,

____ counted the number of persons (forms) being submitted, and, if not using pre-paid forms,

____ I am submitting the proper total payment of \$10.00 x ____ (number of forms) = ____

None of the persons submitted are considered to be exempt under the law.

Administrator signature/date

Facility name/city

Facility ID #

Submit this checklist with your request forms and payment.

HEALTH OCCUPATIONS CREDENTIALING
1000 SW JACKSON, SUITE 200, TOPEKA, KS 66612-1365
CRIMINAL RECORD CHECK REQUEST FORM

FACILITY NAME:

FACILITY ID #

ADDRESS:

CITY:

STATE :

ZIP CODE:

Applicant information: **ALL REQUESTED INFORMATION MUST BE PROVIDED** or the form will not be processed.

Last Name:	First Name:	Middle Name	Suffix (Jr, Sr, etc)

Other Names Ever Used:

Last Name:	First Name:	Middle Name	Suffix (Jr, Sr, etc)

Last Name: **	First Name:	Middle Name	Suffix (Jr, Sr, etc)

** List additional names on back. Check here if more on back. ☐

One of the following **must** be selected

Social Security Number	Date of Birth	Sex	Race	A - Asian or Pacific Islander B - Black I - Native American/Alaskan Native W - White

Address	Post Office Box # (if applicable)

City	State	County	Zip Code

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Home Phone	Work Phone

Certificate # (if applicable)

Job Classification: Determine the correct job classification for the applicant and
Insert the three letter abbreviation in the box.

Activities Staff	ACS	Food Service Worker	FSW	Medical Records Staff	MRS
Administrator	ADM	Home Health Aide	HHA	Operator	OPR
Business and Administrative	BAS	Home Health Aide Trainee	HHT	Paid Driver	DRV
Certified Medication Aide	CMA	Housekeeping	HSK	Personnel Staff	PER
Certified Nurse Aide	CNA	Human Resources Staff	HRS	Restorative Ade	RSA
Nurse Aide Trainee	NAT	Laundry Workers	LDW	Social Service Designee	SSD
Chaplain	CHN	Maintenance Worker	MTW	Volunteer Coordinator	VLC
Clerical Staff	CLS	Marketing Staff	MKT	Wellness Staff	WEL